

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F96000000879

1. Entity Name
MHW, LTD., COMPANY



FILED
May 15, 2007 08:00 A
Secretary of State

Principal Place of Business

272 PLANDOME RD

100

MANHASSET, NY 11030 US

Mailing Address

272 PLANDOME RD

100

MANHASSET, NY 11030 US



05012007

No Chg-P

CR2E034 (11/05)

4. FEI Number

11-1802884

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

UD0000764315
05/30/07-80058-006 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BEAUDETTE, JOHN F
13 TAPPAN WOOD DR
LATTINGTOWN, NY 11560

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
WARREN, PETER
1030 RIDGEFIELD RD
WILTON, CT 06897

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PICCOLINO, EDMUND
15 WHEELER GATE
WESTPORT, CT 06880

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-07

516-869-9170

Date

Daytime Phone #